



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Funding for Tobacco Control: The California Experience

- *submitted by Stephanie Creighton, Division of Adult & Child Health and extracted from NACCHO Special Report, April 1999, Vol. 1, No. 3*

California's tobacco control program, funded through the Proposition 99 tobacco tax increase, has served as a model for the nation. NACCHO recently spoke with April Roeseler, M.S.P.H., Chief of the Local Programs Unit, Tobacco Control Section, California Department of Health Services, on how local health departments have been a key to the program's success.

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What prompted your program to begin collaborating with local health departments?

In November 1988, California voters approved Proposition 99, which added a 25-cent tax to each pack of cigarettes. Revenues from this tax were directed toward tobacco-related research, health education, and health care. Twenty percent of these revenues were earmarked for efforts to prevent and reduce tobacco use. Enabling legislation enacted in October 1989 set out guidelines for a comprehensive program, including a statewide media campaign, local community efforts, school programs and evaluation. The California Department of Health Services (CDHS) and the California Department of Education jointly administer Proposition 99 health education account funds.

Through the 1989 enabling legislation, local health

departments were designated as local lead agencies, responsible for coordinating local tobacco control coalitions, coordinating health education and policy work aimed at controlling tobacco use, providing technical assistance to community agencies and the public, and evaluating their program efforts.

Sixty-one county and city health departments are designated as local lead agencies, which CDHS, Tobacco Control Section (TCS) believe are the foundation of its infrastructure.

How did this collaboration evolve over time?

CDHS/TCS issues guidelines to local lead agencies every two years as they prepare their local comprehensive tobacco control plans and budgets. From the beginning, CDHS/TCS convened a workgroup of representatives from local lead agencies to conceptualize the guidelines

prior to their release. This process has been invaluable in terms of developing guidelines that work within county and city government environments and creating local buy-in for strategies that push the envelope.

Following the guidelines' release, CDHS/TCS conducts informational meetings to explain the guidelines and instructions. Over the years, these informational meetings have evolved from CDHS/TCS staff being the sole presenters to inviting representatives from the local lead agencies to present their own community planning and budgeting processes to their peers. The involvement of local lead agency representatives as presenters recognizes exemplary programs who role-model strong community planning processes and creative problem solving.

Another way in which this collaboration has evolved is that CDHS/TCS convened special work groups to address topical areas in tobacco control. These work groups are comprised of staff from local lead agencies and community organizations. The workgroups design and deliver trainings, educational campaigns, and materials on such tobacco control issues as advertising , illegal sales to minors, chew tobacco, smoke-free bars and local program evaluation. By working with local partners, instead of in isolation from them, CDHS/TCS broadened its expertise, expanded its understanding of the problem and generated more ideas. This

results in an increased sense of ownership and commitment to the trainings and special campaigns, and these efforts are better tailored to support local programs.

This past year, CDHS/TCS revised its progress report instructions because of issues brought to our attention by local lead agencies. CDHS/TCS convened a focus group to review the progress report instructions and to identify concerns. Based on their comments, the progress report instructions were revised and shared with the group again. One common complaint was that the forms were difficult to work with on a computer. CDHS/TCS hired a computer consultant to create user-friendly computer software templates and then had some of our most vocal critics pilot test the software. When the forms and software were finalized, CDHS/TCS conducted conference calls to walk agencies through the new instructions and computer templates. We went one step further and made the computer software consultant available for individual telephone technical assistance. The entire process took about six months, but both the state and local level benefited immensely. At the state, we now are receiving a larger percentage of progress reports on time, and the reports document contract performance more accurately. At the local level, program staff spend less time doing administrative work.

What lessons have the collaborating agencies (state

and local) learned over the course of the partnership?

Anticipate that there will be rough spots: Historically, there is some tension between the state and local level that ebbs and flows, particularly around issues of resource allocation and the state's need for accountability versus local levels' needs for local control and program flexibility. Publicly recognizing that this tension exists is important to the collaborative process. If it is not recognized then you cannot effectively deal with it. In the past, there have been times when the tension has been stifling. CDHS/TCS hired an outside facilitator to help us problem-solve with representatives of local health departments. An important tool to move us beyond the tension and solve problems effectively was to first identify those things that we agreed on.

Convene joint state and local level planning and problem-solving sessions: Working together accomplishes more than working alone, since a variety of resources, expertise, influence and connections are directed toward a common goal.

Collaboration takes time: It takes time to build trusting relationships and it takes time to communicate frequently and effectively. Communication must be made through multiple venues. At CDHS/TCS we hold bi-monthly teleconferences with all local health departments, post weekly updates on a website, offer trainings and workgroups,

and send out program letters. Frequent communication helps to clarify assumptions, unspoken expectations, and the basis for decisions.

Successful collaboration is like a wonderful symphony: Through collaboration we have avoided duplication of effort, shared resources, and mobilized residents throughout the state to be increasingly involved in California's Tobacco Control Program.

What have been the most notable successes of the program?

Protection from Secondhand Smoke at Work, Home and School

One of the most striking accomplishments of California's Tobacco Control Program is the increased protection of Californians from exposure to secondhand smoke. Leading up to the 1994 state Smoke-Free Indoor Workplace Law were hundreds of local clean indoor air laws enacted by counties and cities. Many of these local laws were the result of leadership provided by local health departments. Between 1990 and 1996 the percent of indoor workers working in a smoke-free environment increased from 35 percent to 90 percent.

California has also vigorously sought to protect non-smokers in their homes and cars through the establishment of voluntary smoke-free policies. The percentage of households in which a child lives that are

protected by a voluntary smoke-free home policy rose from 75 percent in 1992 to 85 percent in 1996, and the percentage of adults who state smoking is never allowed in their home rose from 50 percent in 1993 to 75 percent in 1996. Additionally, 64 percent of adults report that smoking is never allowed in their family car.

More than 95 percent of California school districts have adopted a stringent policy prohibiting tobacco use by students, school staff, parents, and visitors anywhere on school district grounds at all times.

Reduced Tobacco Consumption

Per capita cigarette consumption declined by 42 percent from 1988 to 1997, dropping from 121.7 packs per person to 70.9 packs per person. An estimated 2 billion fewer packs of cigarettes have been sold because of Proposition 99.

Smoking Prevalence

Adult smoking prevalence declined from 26.7 percent in 1988 to 18.2 percent in 1997. Consistent with experiences nationwide, smoking among youth rose between 1991 and 1996, but at a lower and slower rate than the rest of the nation. Smoking prevalence for 10th graders in California is 19 percent compared to 32 percent for the rest of the nation. Additionally, youth smoking prevalence increased by 6.7 percentage points in California for the period 1991 to 1996, while prevalence rose 10.2

percentage points among 10th graders in the rest of the nation.

Illegal Tobacco Sales

Illegal sales of tobacco products to minors declined from 52 percent in 1994 to 13 percent in 1998.

Why do local health departments tend to be effective organizations with which to collaborate?

Local health departments are the foundation of California's public health community. They are institutions that have gained expertise and trust through years of conducting immunization, nutrition, maternal and child health, infectious disease prevention, and environmental protection programs. They have established relationships with law enforcement agencies, media and community based organizations.

In the 1990's, tobacco control programs have moved beyond being mere providers of cessation services and generating awareness-raising educational campaigns. Today's tobacco control programs require agencies who are savvy about community organizing techniques, who understand how to collect sound local data on tobacco advertising and promotions, illegal sales, and exposure to secondhand smoke, and who know how to strategically release these data to the media. California's local health departments possess both the leadership and technical skills to perform these activities.

What unique characteristics of local health departments contribute most to their effectiveness?

At their core, the mission of all local health departments is to protect the public's health. They represent no special interest groups, which gives them enormous credibility. Within health departments there is generally a broad range of expertise that includes data collection and analysis, community and policy planning, and media spokesperson skills. Local health departments have an array of existing relationships with other public health programs, schools, law enforcement agencies, the media, and the medical community which allows them to efficiently bring these partners together to work on tobacco control. Local health departments also appreciate the importance of and have the skills to evaluate program effectiveness. Despite the fact that tobacco use kills over 400,000 people annually in the U.S., funding for comprehensive tobacco programs continues to be a low priority in many states. Program evaluation is critical to demonstrating the impact of funding directed toward tobacco control efforts.

Lastly, local health departments in California have demonstrated a passion for creating a tobacco-free state and the tenacity to see the vision through despite working in what is often an adversarial environment. The passion and tenacity

demonstrated by California's local health departments have been key to the success of California's Tobacco Control Program.

ACH Anecdotes

"Get a Life First: Wait to Have Sex," the Award-Winning Campaign from Adult and Child Health:

A poised female violinist, a spunky female rock climber, and an energetic male disk jockey: what do these three young Kentuckians have in common? They starred as the teen heroes featured in the Department for Public Health's (DPH) media campaign aimed at Kentucky's teenagers, **"Get a Life First: Wait to Have Sex."** Developed by John Webb and his staff in the Division of Adult and Child Health, DPH's innovative media campaign proved to be an award winning one. The Kentucky Association of Government Communicators (KAGC) presented the DPH with its top award, the "Award of Excellence" for posters in the Graphic Design Category.

The award winning poster had as their target audience pre-teens and young teenagers between the ages of 9 and 15. The **"Get a Life First: Wait to Have Sex"** aims to reduce the level of sexual activity of teens and correspondingly to lower Kentucky's teen pregnancy and birth rates. All of Kentucky's middle schools and high schools, health departments, and libraries received the 24" x 30" color

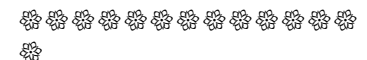
posters, which depict active and involved teens with whom their peers can identify. More than 10,000 posters have been distributed.

An independent research firm evaluated year one of the campaign. Results showed that we have reached 40 percent of the target audience as defined by teens' being able to recall the **"Get a Life First: Wait to Have Sex"** campaign theme.

To view the next phase of the campaign check out the posters displayed on the big board in the lobby of the Health Services Building. This time the posters of squalling babies and harried mothers graphically depict the consequences of teens' sexual activity.

"We hope the second year of the media campaign with its more consequences-oriented message will reach and grab the other 50 to 60 percent of teens we may not have reached in the first year of our campaign." -John Webb

*- submitted by Sylvia Cherry,
Dept for Public Health*



**WORDS OF HEALTH
FOR WOMEN**

**Preconception
Counseling:**

Women presenting to the health department and receiving results of a positive pregnancy test

most likely have been unaware of a possible pregnancy until one or two missed periods. Much embryonic development has already taken place and the fetus may have been subjected to deleterious genetic, environmental, and lifestyle influences. The developing fetus is most vulnerable between 17-57 days following fertilization, the first 10 weeks after the last menstrual period (LMP). The ideal time for counseling is prior to, not after, this common clinic scenario.

The goals of pre-pregnancy counseling are to try to ensure that every pregnancy is wanted and that each results in a healthy outcome for the mother and baby. We must ensure that each patient and her partner receive all the information that is needed to make informed choices.

The following guidelines on what should be addressed during a pre-conception counseling visit are addressed below:

- ◆ Importance of family and genetic history
- ◆ Risks of smoking, alcohol, and drug use (prescription, over-the-

counter, and street drugs)

- ◆ Risk for domestic violence
- ◆ Work environment and possible exposures (lead, toxic chemicals, heavy metals, X-rays)
- ◆ Basic principles of good nutrition (following the Food Guide Pyramid)
- ◆ Importance of folic acid in the prevention of neural tube defects (400 mcg/day)
- ◆ Review of immunization status (Rubella, Hepatitis B, Tetanus)
- ◆ Personal medical history that may affect a pregnancy such as a previous preterm birth or pre-eclampsia or a chronic medical condition such as hypertension, asthma, epilepsy, sickle cell disease, cancer, diabetes and HIV/AIDS
- ◆ Importance of early and consistent prenatal care.

Some helpful key points to remember when providing pre-pregnancy counseling include:

- ◆ Most couples take an average of 4-6 months to conceive. If pregnancy is not achieved after 12 months of unprotected, midcycle intercourse

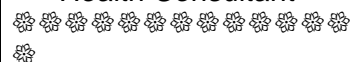
with the same partner, a referral should be made.

- ◆ Smoking increases the chance of miscarriage, premature labor, and underweight babies. It also increases the risks of respiratory infections, ear infections, and Sudden Infant Death (SIDS) in the newborn.
- ◆ The best fetal and maternal outcomes are achieved when the mother gains 25-30 pounds during pregnancy.
- ◆ Folic acid prior to and during early pregnancy helps prevent birth defects of the spine and brain.
- ◆ All women should be inoculated against rubella and those at risk should receive the Hepatitis B series, prior to pregnancy.
- ◆ Women with a chronic disease (epilepsy, diabetes, hypertension) should consult with their physician prior to planning a pregnancy and make sure their condition is under good control and any prescribed medication is safe in pregnancy.

Pre-pregnancy or preconception counseling gives individuals and couples valid information

that can help maximize their chances of having a healthy pregnancy and baby. Many women will choose to modify their risk factors, and others will choose to take risks. Our job as health care providers is to provide accurate information in an unbiased manner with awareness of cultural diversity and personal choices.

- submitted by Trisha Mullins, Certified Nurse-Midwife, Women's Health Consultant



Central Office Comments

The article on bioterrorism at the end of the newsletter is in outline/bullet format from a presentation made to the DPH Executive Staff by Dr. Gary Kaplan, Preventive Medicine Resident from the University of Kentucky, while on a one month rotation with the DPH.

Epi Epistles

The Commissioner's Conference on Public Health Information: Creating the Blueprint to Assure Kentucky's Health – "Constructing the Mosaic"

You are invited to attend *The Commissioner's Conference on Public Health Information* to be held August 12-13, 1999, at the

Executive Inn West in Louisville. The conference has three objectives: to educate, to identify and organize stakeholders, and to launch a strategic planning effort for public health information. Presentations will allow participants to think about public health information differently than in the past and understand the diverse roles and functions involved in the public's health. Participants will explore different business models for financing the information business of public health and identify stakeholders, organize interests, and gain buy-in for an integrated public health information system for the Commonwealth of Kentucky. The conference will lay the foundation for a strategic plan that encompasses and supports Kentucky's Public Health Improvement Plan.

During the plenary sessions on Thursday morning, Dr. Claude Earl Fox from HRSA has been invited to discuss the core functions and information requirements of public health, and Dr. Patrick O'Carroll (CDC) will present "Bridging the Gap between Public Health and Information Technology: Public Health Informatics". Following, public health informatics infrastructure will be discussed by Dr. William Yasnoff (CDC). All plenary speakers are experts in the field of health information. Our luncheon speaker will be Aldona Valcenti, Kentucky's Chief Information Officer. Following lunch we will hear what several other states, including Missouri, Washington,

and New York are doing in the area of public health information. On day two, breakout sessions will be held on changing business models, making data comparable, protecting privacy and security, and identifying units of interest. In addition, a poster session will be held Thursday from 5:00 p.m. to 7:00 p.m. If you are interested in presenting a poster at this session, please contact Tricia Williams at 502-564-9592 or e-mail at tricia.williams@mail.state.ky.us.

If you are interested in attending the conference, please contact Mary Ballard at 502-564-4990 or e-mail at mary.ballard@mail.state.ky.us for more information.

- submitted by Tricia Williams, Division of Epidemiology and Health Planning

Lab Lines

How long have you had those laboratory collection supplies?

Laboratory specimen collection materials supplied by the state public health or private laboratories should be examined periodically for stability. Some supplies may contain chemicals, which deteriorate over time and can contribute to inaccurate laboratory test results. Blood collection tubes with various colored stoppers often contain an anticoagulating agent or chemical preservative. Such tubes should not be used past the expiration date printed on the label. Newborn Screening collection cards have unique

links to the tests calibration, making adherence to their expiration dates critical. Many microbiological specimen collection systems have expiration dates as well. The Gen-Probe Pace 2 swab collection system has an expiration date printed on the label. The enteric pathogen kits do not contain expiration dates but do have a limited stability.

Enteric Pathogens Collection Kit Storage

1. The **“basic enteric pathogens collection kit”** contains a black capped vial filled about half way with a pink-red fluid. The pink-red fluid, Buffered Glycerin Saline, is the specimen preservative. If the pink-red color loses its intensity or becomes faded, its stability is questionable. Recommended storage for the “basic enteric pathogens collection kit” is a maximum of six months refrigerated (2-8°C/35-46°F) or five days at room temperature.
2. The **“complete enteric pathogens collection kit”** is used when certain non-routine organisms are implicated, usually upon the advice of the Division of Epidemiology. This kit is sometimes referred to by the name of its transport media, Cary-Blair. Recommended storage for the “complete enteric pathogens collection kit” is a maximum of six months refrigerated (2-8°C/35-46°F).

Remember that the quality of the laboratory test result can be no better than the quality of the specimen received for testing. Specimen collection kits can be ordered from the Kentucky Public Health Laboratory via the Local Health Network (CDS880) or by calling the lab at 502-564-4446.

- *submitted by Donna Clinkenbeard, Division of Laboratory Services*

Staff Spotlight

Buffalo Trace District Health Department Celebrates

National Public Health Week:

The Buffalo Trace District Health Department celebrated National Public Health Week by enlisting the aid of local area businesses. The Health Department had table tents printed up which read: *The Buffalo Trace District Health Department: Helping Hands for a Healthier Community, Celebrates National Public Health Week April 5th-11th*. Over 1000 table tents were printed by Standard Quick Print of Maysville, and distributed to the businesses by Health Department personnel. Jim's Donut Shop, The Bank of Maysville, Ponderosa Steak House, and Golden Corral Steak House also had messages celebrating National Public Health Week put onto their marquees. Because the table tents were distributed before Easter Weekend, a great number of people saw our message. The low cost of printing the table tents together with the high visibility provided by local businesses proved to be a very

effective combination in reaching the public with our message celebrating National Public Health Week this year.

Buffalo Trace District Health Department Participates in Local Health Fair:

The Mason County Health Fair was held May 22, 1999, at Meadowview Regional Medical Center. The Buffalo Trace District Health Department along with Meadowview Regional Medical Center, the Mason County Homemakers, the Maysville Younger Women's Club, the Diabetes Coalition, and Maysville Community College's Nursing Division were the sponsors for this year's event. The Health Fair attracted approximately 735 participants from both Northern Kentucky and Southern Ohio. The Health Department area had a display with educational literature and information about Health Department programs, blood glucose testing, and body composition analysis with the Futrex 2000. The Health Department staff contributed in a big way to the success of the Health Department's services with three Support Staff, two Nurses, two Nutritionists, the Health Educator, Administrative Secretary, and Director all participating in the event. On top of all the literature, testing and information that was distributed, participants were also registered to win Health Department T-shirts and pins. A great time was enjoyed by all Health Department staff and

everyone is already looking forward to next year's event!

- *submitted by Michael Flora, Health Educator, Buffalo Trace District Health Department*

Smoking cessation program works to aid addicted kick unhealthy habit:

Smokers have various methods to try when attempting to quit their habit – patches, medicines, and therapy.

Bullitt Countians have another method – a smoking cessation class taught through the county health department.

Cynthia Brown, health educator, said smoking cessation classes are being taught at both the adult and teen levels.

The teen class, called *Stop the Addiction Today* (STAT), began at the first of the year as a result of a policy by the Bullitt County School System.

The schools have a strict no-tolerance policy for students found smoking or carrying tobacco products on school grounds.

Brown said she approached the school system about offering the STAT program as an alternative to suspension.

"If they don't complete my program, they can be suspended," Brown said.

The STAT program focuses on stress management, peer pressure, relaxation, and anger management.

"Kids will say they get mad at a teacher and all they want to do is have a cigarette," Brown said. "We focus on control."

Now into her second group of students, Brown calls her first class a success. Three teens became tobacco-free and graduated from the program last month.

"I try to wean them a little at a time," Brown said.

Brown attempts to help the students see the class as a way to become healthy and to stay out of trouble at school.

"I think some of them view it as a punishment rather than as someone trying to help them," she said.

She currently has 10 students in her second class.

For the adults, Brown has incorporated the Cooper/Clayton Method, which was developed by a dentist and a psychologist. The Cooper/Clayton program is a 13-week course which focuses on the amount of tobacco a person uses each day compared to stress levels and other anxiety triggers.

It promotes a healthy lifestyle, good eating habits and therapy as a means of cessation.

Brown said the adult program has been in place at the health department for about a year, and of the six original graduates, five are still tobacco-free after a year.

A smoker for 15 years who quit more than a decade ago, Brown said she hopes the cessation courses will help smokers quit without starting again.

"I think it's very successful," Brown said.

Anyone interested in joining STAT or the adult group should contact Ms. Brown at the Bullitt County Health Department at 502-543-2415.

- *reprinted from an article in The Pioneer News, March 15, 1999, written by Mandy Wolf*

Jefferson County Offers Free Mammograms:

The Jefferson County Health Department is teaming up with the Kentucky Department of Public Health again this year to offer free mammograms and clinical breast exams to women over age 40.

The effort in Jefferson County is being spearheaded by a coalition of the Health Department, the Visiting Nurse Association, Jewish Hospital's Healthy Lifestyle centers, the James Graham Brown Cancer center, and the Louisville and Jefferson County Partnership for Cancer Control. Free mammograms and clinical breast exams are being

offered at health centers and at major shopping malls.

Jefferson County Celebrates Public Health Month:

The Jefferson County Health Department celebrated Public Health Month in April with a variety of events.

Public Health Month was begun with the First Annual **Walk On the Waterfront**. Department Director Dr. Melinda Rowe and Jefferson County Judge/Executive Rebecca Jackson led about 130 people on a two and a half mile walk from the Health Department to downtown Louisville, where the Judge/Executive proclaimed Public Health Week. The event was covered by all four Louisville TV stations and several radio stations. Plans include expanding the event to include local businesses and more people next year.

The Chairman of the Louisville and Jefferson County Board of Health, the Health Department Director, and several staff also met with the editorial board of the Louisville *Courier-Journal*. The discussion centered on public health funding and indigent care. The meeting resulted in numerous newspaper articles and two favorable editorials. The group has been invited to come back on a regular, annual basis or more often if needed.

As part of Public Health Month festivities, Jefferson County Judge/Executive Rebecca Jackson also named this year's Thomas

Wallace Excellence in Public Health Award winner. Named after a long-time Jefferson County Health Department Director, the award is presented annually at Fiscal Court during Public Health Month. This year's winner, Dr. Beverly Gaines, was cited for her founding of the African-American Health Jamboree, her work on the Kentucky Health Policy Board, her work on the Indigent Care Committee of the Jefferson County Medical Society, and her work on the African-American Health Planning Group.

Public Health Month was also celebrated with newspaper and magazine articles, with displays, and with banners. The articles described the successes of the Jefferson County Health Department over the last 100 years and contained vintage photos of the Department in action through the years. A display in the rotunda of the Jefferson County courthouse proclaimed the Department to be the nation's oldest county health department (move over Yakima, Washington!). The display also included a 13-minute video on the Health Department as well as news coverage of flu immunizations, syphilis elimination efforts, and the Healthy Start Program. Banners proclaiming April Public Health Month were also hung in front of the Health Department, the Courthouse, and on pedways in downtown Louisville.

- *submitted by Dave Langdon, Jefferson County Health Department*

Tobacco Control in Madison County:

In January of this year, I sent an article to *The Local Health Link*, expressing my thoughts on my new position as Tobacco Prevention Coordinator for the Madison County Health Department. I would like to provide an update to that letter.

I have held the Coordinator position for almost eight months now. When I sent my letter in January of this year, I was as green as a tobacco worm. I literally had to hit the ground running. I had much to learn, contacts to make, a coalition to establish, and tobacco goals to meet. I expressed in my original letter, just how grateful I was to have so many supportive, knowledgeable, and professional people available to provide resources and direction to help me in my efforts. I have continued to receive strong support from the Health Department staff, the State Tobacco Control office, the University of Kentucky College of Nursing, and from all of the individuals within the school system and in other agencies throughout the community that are ready, willing, and able to help with any project, all we have to do is pick up the phone and they will support any project we propose. I am still finding out just how challenging, fast-paced, and ever-changing tobacco prevention really is. If you are

going to work in Tobacco Control, you had better bring to the table your energy, passion, and a strong commitment to succeed.

In Madison County, our primary goal is to prevent youth initiation. We are not proud of the fact that the kids in our county are successful in completing illegal tobacco purchases 40% of the time. This illegal sales rate is taken directly from the Alcohol Beverage Control reports. This puts us at a higher percentage than most of the state. We are determined to improve this rate by putting in place effective strategies and actions. One strategy that we have planned is to actively recruit Teen Enforcement Aides to work directly with Alcohol Beverage Control Officers to help monitor retailers. We have started an aggressive program to raise the awareness among retailers who habitually sell tobacco to kids. Also youth volunteers are participating in a mass-mailing campaign. These letters or post cards will be sent to government leaders asking them to support legislation that will strengthen youth access laws and strengthen enforcement of laws already in place.

We have found that billboards have proven to be a great counter advertising strategy. We are collaborating with other agencies that support positive initiatives aimed at kids, to get these tobacco control messages up and keep them visible just as long as possible. One of the agencies

that we have found to be supportive of our efforts is the Head Start Program. The Director of the Richmond Head Start Program, Phyllis Adams has put into practice their slogan of "Be a Children's Champion" on a daily basis. She has been one of the key supporters in our community.

One way we have chosen to impact kids with tobacco information, is by performing a short play called "Huff N Puff". This play is for the target audience Kindergarten to third grade and it is based on the story of the three little pigs and the big bad wolf. It has everything kids relate to. It has characters, color, action, repetition, and interaction. This play has a simple but powerful message about the short-term consequences of tobacco use. Almost a thousand kids in Madison County have already seen this play.

The Department of Education and the State Tobacco Control Office have identified a curriculum that is effective and science-based. This curriculum is called "Life Skills". Our coalition plans to work very hard to encourage as many teachers as possible to become trained in this program and teach it in their schools. We have many projects in the planning stages in Madison County for the next few months that we firmly believe will make an impact on preventing youth initiation. We want to be very sure that our programs are not just activities

but actions that will move us forward in tobacco control.

We have the opportunity to impact or intervene in the use of tobacco with each patient that comes into our clinic by counseling every patient we see. If we address use in our clinics, we will be setting an example for all the health providers in our community. This will certainly help to lower smoking rates in our county. Carla Bauman, who is our Nurse Practitioner, said it best when she made the statement, "we have to put prevention into practice, if we expect to be the benchmark for the community." Carla also stated, "we really cannot ask the health professional in our community to practice and provide what we are not providing ourselves."

One of our goals in Madison County is to offer cessation programs such as the Cooper-Clayton method of cessation to every industry, school, and to each individual in the community who would like to become a non-smoker. It would not be possible to address youth problems without addressing adult problems and family problems. Given that premise, we will need to work very hard to identify disparities among groups and then to eliminate the differences once they are identified. Our concern about the health of the community should extend to all people based on needs that have been identified. A community assessment has to be an on-going process to be effective.

When I am out in the community doing tobacco presentations, I am frequently asked the question, "Do you get opposition from the burley growers in your work?" The answer may surprise some people. The farmers in my county who grow burley are very supportive of a lot of our efforts. They are particularly supportive of efforts aimed at preventing youth initiation. Our tobacco farmers care very deeply about kids and they do not want them to smoke. There are some issues that we cannot agree on, but I find we are able to maintain mutual respect. The farmers respect what I am trying to and I have empathy for the problems of the farmers.

We have only just begun to do tobacco control and prevention in Madison County. With the continued support and interest of so many dedicated individuals, we will succeed in reaching our goals.

*- submitted by Doris Gray,
Madison County Health
Department*

Training Tidbits

RTC Training Courses – FY00

The Emory University Regional Training Center, Atlanta, GA, may provide fourteen (14) course offerings during fiscal year 2000 (July 1, 1999 – June 30, 2000).

All fourteen (14) offerings along with registration and course content will be forwarded to District Training Contacts and LHD Administrators. Any LHD employee wishing to attend these offerings should contact their

District Training Contact or LHD Administrator for course content and registration forms. Course dates, locations, and titles will be forthcoming.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

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